



COMMONWEALTH OF MASSACHUSETTS
Massachusetts Management Accounting and Reporting Systems
Office of the Comptroller

ON-LINE ACCESS REQUEST FORM (OSC OLA)

DATE: _____

DEPARTMENT NAME: _____ CODE: _____
(3 letter dept. code)

ORGANIZATION NAME: _____ CODE: _____
(4 digit numeric code)

PROFILE NUMBER AND TITLE: _____

ORGANIZATION RESTRICTION: _____ (Optional)

EMPLOYEE'S NAME: _____
(Last) (First) (Middle Initial)

EMPLOYEE POSITION NO. : _____ IF CONSULTANT, LIST SC NO. : _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ PHONE NUMBER: _____

ASSIGNED UNIVERSAL ACCESS I.D.: _____

APPROVED BY: _____ TITLE: _____
Dept. Head

APPROVED BY: _____ TITLE: _____
Internal Control

SIGNATURE OF SECURITY OFFICER: _____

| For Comptroller's Use Only | |
|-----------------------------------|-------------|
| | Date: _____ |
| ASSIGNED USER I.D. PASSWORD _____ | |
| APPROVED BY: _____ | |
| TITLE: Security Administrator | |

REMINDER: This password is assigned for your use only. You will be held accountable for all transactions processed with this code. Any violation of this security could result in disciplinary action:

IF YOU HAVE ANY QUESTIONS CONTACT 727-5000

EXT. 293 EDWARD DREA -
EXT. 297 LILLIAN M. FITZGERALD

Room 903
One Ashburton Place
Boston, MA 02108

| COMPTROLLERS DIVISION SECURITY ADMINISTRATION | |
|--|---------------------|
| Date Received: _____ | By _____ |
| Date Assigned _____ | Date _____ By _____ |
| Date Updated _____ | Date _____ By _____ |
| Date De-Activated _____ | Date _____ By _____ |

OSC OLA- (2/91) Forward copies 1 and 2 to Comptroller. Retain copy 3 at Department.